DEVELOPMENT OF TRAINING MODULE FOR PARENTS TO TRAIN THEIR CHILDREN WITH INTELLECTUAL DISABILITIES IN SELF-HELP SKILLS

SWAMI RAMANAND TEERTH MARATHWADA UNIVERSITY, NANDED

A research proposal submitted to Swami Ramanand Teerth Marathwada University, Nanded for the partial fulfillment of Ph.D. degree in the Subject Education under the Faculty of Interdisciplinary Studies.

Research Proposal

Ph.D. (Education)

Researcher Student

Jagan Raghunath Mudgade

Research Guide

Dr. Patil N.S.

SCHOOL OF EUDCATION SCIENCE

SWAMI RAMANAND TEERTH MARATHWADA UNIVERSITY, NANDED

Research Year

March 2022

1. INTRODUCTION:

Census of India 2011 estimates that 26.8 million populations in the countryare affected by disabilities.In the Asia Pacific region,over 650 million persons live with disability and most of them are facing poverty (Incheon Strategy, 2012). Persons with disabilities form world's largest and most disadvantaged minority. The numbers are alarming - an estimated 20 % of the world's poorest persons are those with disabilities; 98 % of children with disabilities in developing countries do not attend schools; an estimated 30% of the world's street children are living with disabilities; and literacy rate among adults with disabilities is as low as 3% (in some countries, even as low as 1% among Women with Disabilities) (UNCRPD, 2007). UNICEF's report (2000), on the Status of Disability in India states that, there are around 30 million children in India suffering from some or the other form of disabilities.

UNESCO's Education for All (EFA) Global Monitoring Report (2014) on out-of-school population estimated that 1.4 million Indian children aged6-11 years are out of school and India holds 4th position among top 5 nations with the highest number of out-of-school children atprimary level. Even after the implementation of RTE Act (2009), more than 50% CWSN are out of school in Delhi (Status of implementation of RTE Act: The Delhi Story 2014).

A study conducted by NCERT (2012-13) has revealed that children with disabilities in schools across states are still facing serious infrastructure and pedagogy handicaps. The study had revealed that while 99% of children with disabilities preferred attending regular schools;however 57% of teachers were not trained to understand their special needs.

Children with disabilities are caught in a vicious spiral of low expectation, low esteem and low income. The children with disabilities do get admission into regular schools but are often restricted to sitting in the classroom with peer classmates. Globally it is estimated that 75% of children with disabilities, including those with mild intellectual disability, can attend regular schools provided the environment is designed suitably to access the institutions.This refers to incorporating appropriate educational models like- resource room, itinerant teacher support, adapted curriculum and flexible teaching schedules (UNCRPD, 2007)

The United Nation's Convention on the Rights of Persons with Disabilities (UNCRPD-2006) states that "Persons with Disabilities (PWDs) are not excluded from the general education system on the basis of disability. They can access an inclusive, quality and free primary and secondary education on an equal basis with others in the communities in which they live, provided reasonable accommodation of the individual's requirements. PWDs need to receive the support required, within the general education system to facilitate their effective education. Effective individualized support measures are provided in environments that maximize academic and social development.The Right to Education Act (RTE Act) 2009, India;provides that children between the ages of 6 and 14 years have the Right to Free and Compulsory Education in a neighbourhood school. It is an important document that details every child's Right to Free and Compulsory Education of equitable quality; responsibility of the State, parents, schools, teachers; the content and process of education; and the monitoring process for the implementation of the Act. Important provisions of the RTE Act relate to child belonging to "disadvantaged group" that also include CWSN (RTE Act 2009).

According to UNESCO, "Inclusive education is a process of addressing and responding to diversity of needs of all learners through increasing participation in learning, cultures and communities, and reducing exclusion within and from education." Salamanca Statement (1994, para 2) states "… schools should accommodate all children regardless of their physical, intellectual, social, linguistic or other conditions. This should include disabled and gifted children, street and working children, children from remote or nomadic populations, children from linguistic, ethnic, or cultural minorities and children from other disadvantaged or marginalized areas and groups."

National legal frameworks and policies related to the Right to Education of CwDs

a. Persons with Disability *(Equal Opportunities, Protection of Rights and Full Participation)* Act (PD Act) (1995)

The PD Act is landmark legislation for PwDs which was enacted in the year 1995 and came into force on 7th February 1996. The act has made provisions for "right to avail free education by every CwD till the age of 18 years in an integrated or special school. CwD shall also get free books, scholarships and other learning material."

The disabilities covered under the act are Hearing Impairment, Blindness, Low Vision, Mental Illness, Mental Retardation, Locomotor Disability and Leprosy Cured Person.

b. The Right to Education Act (RTE Act) (2009)

The RTE Act has made provisions for all children between the ages of 6 and 14 years to avail the Right to Free and Compulsory Education in a neighbourhood school. It is an important legal document that guaranteed every child's Right to get the Free and Compulsory Education of equitable quality. It is the responsibility of the State, parents, schools, teachers to facilitate

education of each and every child. Important provisions of the RTE Act relate to child belonging to "*disadvantaged group*" that also include CwD. Children with benchmark disabilities (above 40% disability) can avail free and compulsory education from 6 to 18 years. The Amendment of the RTE Act (2012) stated that as the CwD come under the 'disadvantaged group' classification and are therefore entitled to the 25% private school seats reserved for economically weaker and disadvantaged population. In addition to the seven disabilities mentioned under the Persons with Disability Act 1995, RTE Act Amendment (2012) further expanded the definition of CwD and included the disabilities mentioned under National Trust Act (1999) i.e. autism, cerebral palsy, mental retardation and multiple disabilities. In addition, children with severe disabilities were permitted to opt for home-based education.

c. The Rights of Persons with Disability Act, (RPWD Act) (2016)

The RPWD Act adopted by the Government of India in 2016 to implement the provisions made under UNCRPD. The act adopts a human-rights-based approach. The number of disabilities in the RPWD Act increased from 07 to 21 categories i.e. include physical disabilities (locomotor disability, leprosy cured persons, acid attack victims, cerebral palsy, dwarfism, muscular dystrophy), visual impairment (blindness and low vision), hearing impairment (deaf and hard of hearing), speech and language disability, intellectual disabilities (including specific learning disabilities and autism spectrum disorder), mental behavior (mental illness); disabilities caused due to chronic neurological conditions (such as multiple sclerosis, Parkinson's disease), blood disorders (hemophilia, thalassemia, sickle cell disease), and multiple disabilities.. The Act empowered the central government to notify additional conditions as disabilities.

The key provisions related to right to education detailed in Section 16 of the act are stated that the appropriate government and the local authorities shall endeavor that all educational institutions funded or recognized by them provide inclusive education to children with disabilities which will include—

- Admission without discrimination and equal opportunities in education, sports and recreation.
- Provide accessible building, campus and other facilities
- Facilitate reasonable accommodation according to the individual's needs
- Support at individual level which may enhance academic and social development upto maximum extent.
- Most appropriate languages, modes and means of communication should be made available for the education of persons with blindness or deafness or both.
- Early detection and remediation for children with specific learning disabilities must be ensured.
- The attainment levels and completion of education in respect of every student with disability should be monitored.
- Transport facilities should be made available for CwDs and also the attendant of the CwDs having high support needs

Under section 17 of the act, the appropriate government and the local authorities shall take the following measures:—

- Identify children with disabilities by conducting survey of school going children in every five years.
- Adequate number of teacher training institutions to be established.

- Train and employ teachers.
- Train staff and professionals to support inclusive education.
- Adequate number of resource centres to be established.
- Use of appropriate augmentative and alternative modes of communication to be promoted.
- Provide books, other learning materials and appropriate assistive devices free of cost.
- Provide scholarships in appropriate cases to students with benchmark disability.
- Make suitable modifications in the curriculum and examination system.
- Promote research to improve learning.

Key provisions related to education under Section 31 of the RPWD Act, 2016 stated that:

- Every child with benchmark disability (minimum 40% disability of specified category) between the age of six to eighteen years shall have the right to free education in a neighbourhood school, or in a special school, of his/her choice.
- The appropriate government and local authorities shall ensure that every child with benchmark disability has access to free education in an appropriate environment till he/she attains the age of eighteen years

d. SamagraShikshaAbhiyan (2018)

The Union Budget, 2018-19, has proposed to treat school education holistically without segmentation from pre-nursery to Class 12. The earlier three Schemes of SarvaShikshaAbhiyan (SSA), RashtriyaMadhyamikShikshaAbhiyan (RMSA) and Teacher Education (TE) are covered under SamagraShiksaAbhiyan with a vision to ensure inclusive and equitable quality education from preschool to senior secondary stage, in accordance with the UN's Sustainable Development Goals for education. The programme aimed to improve school effectiveness, measured in terms of equal opportunities for schooling and equitable learning outcomes.

The major interventions of the programme are:

- To provide quality education and enhance learning outcomes
- To bridge social and gender gaps in school education system
- To ensuring equity and inclusion in school education at all levels.
- To ensure minimum standards in provisions of schooling
- To promoting vocational education
- To support states for implementing the RTE Act (2009)
- To strengthen and upgrade the District Institutions for Education and Training (DIET), State Institutes of Education and State Council for Educational Research and Training (SCERTs) as nodal teacher-training agencies

e. National Education Policy (NEP) (2020):

The foundational pillars of the Policy are quality, access, equity, accountability and affordability. The principles of NEP 2020 are based on key factors including *"flexibility, for learners to choose their learning trajectories and programs, and thereby choose their paths in life according to their own talents interests; a respect for diversity and respect for the local context in all curriculum, pedagogy, and policy, always keeping in mind that education is a concurrent subject; full equity and inclusion as the cornerstone of all educational decisions, to ensure all students are able to thrive in the education system."* One of the objectives of the policy is to *"achieve an inclusive and equitable education system so that all children have equal opportunity to learn and thrive, and so that participation and learning outcomes are equalized across all genders and social categories by 2030."* CwDs are included under socially and Economically Disadvantaged Groups (SEDGs) in the NEP 2020.

The policy stressed upon the Universal provisioning of quality early childhood development, care, and education must thus be achieved as soon as possible, and no later than 2030, to ensure that all students entering Grade 1 are school ready.It is also envisaged that prior to the age of 5 every child will move to a "Preparatory Class" or "Balavatika" (that is, before Class 1), which has an ECCE-qualified teacher.

Disability:

UNCRPD (2006) has stated that *"disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others."*

The definition clearly stated that the disability is not just the outcome of medical condition of an individual instead an overall effect of the interaction of medical as well as environmental conditions of that person. Therefore it is a dynamic concept.

RPWD Act (2016) has defined person with disability as *"a person with long term physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders his full and effective participation in society equally with others."*

The act defines disability as the restriction in participation of an individual within society caused due to any impairment.

Intellectual Disability (ID):

ID is a condition which is caused due to damage in brain cells due to known and unknown reasons. Children with Intellectual Disability (CwID) differ due to their severity &other personal and environmental factors.

RPWD Act (2016) has defined *"Intellectual Disability as a condition characterized by significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which covers a range of everyday social and practical skills."*

i. *Intellectual functioning* is also known asintelligence refers to general mental capacity, such as- learning, reasoning, problem solving, and so on. Intellectual functioning of a person is measured through a standardized Intelligence Quotient (IQ) test. Generally, an IQ test score of around 70 or as high as 75 indicates significant limitation in intellectual functioning.

ii. *Adaptive behavior* is the collection of conceptual, social, and practical skills that are learned and performed by people in their everyday lives.

- Conceptual skills includes money, time, and number concepts; language and literacy; and self-direction.
- Social skills include building and maintaining interpersonal skills, the ability to follow rules/obey laws, fulfillment of social responsibility, managing self-esteem, applying social problem solving approach and avoid of being victimized.
- Practical skills- activities of daily living (personal care), schedules/routines, occupational skills, healthcare, travel/transportation, safety, use of the telephone/smartphone.

Standardized tests can determine limitations in adaptive behavior.

General Characteristics of CwIDs:

Positive traits observed in CwIDs

- They may have special abilities in areas like: sports, art & craft, music, dance, etc.
- They like to enjoy with their peer group.
- They like to help others.
- They like to share their thoughts and emotions with others.
- They liketo participate in general tasks according to their abilities.
- They feel happy when their efforts are acknowledged, valued and appreciated by others.
- They often show regularity and punctuality.

Limitations observed in CwIDs:

- They may show dependency in self-help skills.
- They generally respond slowly to what others say and to what happens to their surroundings. Sometimes they do not respond at all. They may need repeated instructions.
- They may show lack of clarity in expressingtheir thoughts, needs and feelings,
- They take more time to learn activities which are new & different for them.
- They may have difficulty to understand easily what they see, hear and touch
- They may show difficulty in making even simple decisions.
- They may have limited attention span. Some of them have difficulty in changing from one activity to another.
- They may face challenges in controlling their feelings due to which sometimes they may throw things all over, injure themselves or others or impulsively even hurt others

- They may have difficulty to remember what they are told or what they see. Sometimes they do not remember at all.
- They may show lack of have difficulty in sucking, chewing or eating, use of hand or going from place to place.
- Some PwIDs may have difficulty in seeing, some in hearing and while some may have seizures.
- Some PwIDs may have poor or no speech.
- They have difficulty to cope with regular school curriculum due to which they usually have repeated failures.
- They show delay in development in one or more area such as physical, social, cognitive, speech and language, emotional development etc.

Self-Help Skills (SHS) and Children with Intellectual Disabilities (CwIDs)

Self-help skills are the everyday tasks undertaken by the children in order to participate in life activities (including eating, toileting, dressing, bathing and grooming). They are often referred to as the Activities of Daily Living (ADL). While these are typically supported by adults in young children, it is expected that children develop independence in these as they mature. However, CwIDs shows delay in the acquisition of self-help skills or sometimes they may have dependency in these skills throughout their life.

SHS are one of the first ways that children develop the ability to plan and sequence task performance, to organise the necessary materials and to develop the refined physical control required to carry out daily tasks (e.g. opening lunch boxes, drawing or standing to pull up pants, etc.). SHS act as precursors for many school related tasks as well as life skills. The term 'self-

help' would suggest that these skills are expected to be done independently and in many cases it becomes inappropriate for others to assist for such tasks. More specifically, many preschools and schools will have a requirement for children to be fully or partially independent in SHS (e.g. toileting, eating, etc.) prior to getting their admission.

When the child is dependent in SHS, this also becomes a limiting factor for their participation in the community such as visiting to his/her friends' house, participate in social gathering, etc.Sometimes CwIDs may also experience bullying due to their dependency in SHS and it may results into mental health issues such as anxiety, depression, etc.

The areas of SHS for teaching CwIDs are as follows:

a. **Eating:** It includes indication of hunger and thirst; drinking liquid by self; eating dry food items, eating mixed rice & dal; mixing and eating rice and dal; eating with side dishes; eating in home environment; waiting for turn; arranging table to lunch/dinner; eating in public places; placing order in restaurants/apps.

b. **Toileting:** It includes indication for the need to go to the toilet; keeps self dry for 2 hours; toilet control during night; removing & wearing cloths, cleaning self after defecation; cleaning toilet after use at home; maintaining privacy; using toile at public places; etc.

c. **Bathing:** It includes cooperating while being bath; selecting and taking cloths to the bathroom; checking the temperature of water; removing & wearing cloths; applying soap & shampoo; cleaning self with water; wiping body; maintaining privacy; etc.

d. **Dressing:** It includes cooperating while being undressed/dressed; wearing undergarments; wearing elastic pants; unbuttoning/buttoning; unzipping/zipping; wearing slippers/shoes; tying shoe laces; maintaining privacy; dressing as per occasions; drying and folding clothes, selecting and purchasing clothes, etc.

e. **Grooming:** It includes staying clean; cooperating while being groomed; washing hands; washing faces; wiping hands & face; applying cream/powder; combing hair; nail clippings; wearing accessories, etc.

Self-Help Skills (SHS) and COVID-19 Pandemic

Self-help skills are the essential requirement for self-care and independent living by every individual. However, the COVID-19 pandemic has disproportionately impacted people living with disabilities.As this particularly vulnerable segment of the population encompasses a variety of conditions and impairments, those with disabilities have faced many barriers throughout the pandemic. Due to COVID-19 pandemic the children were confined to their home. Although, the situation of COVID-19 pandemic is heading towards normal and schools are reopening in India but there is always a threat of a new wave due to the which the fear of lockdown will always be there.

The COVID-19 pandemic raised the demand of additional SHS from everyone in which CwIDs are facing difficulties to learn such as- wearing a face masks, greeting without touch, frequently washing of hands, applying hand sanitizer, etc. As the pandemic progresses, it is critical for both individuals living with disabilities, and those who are their caretakers, to take the necessary steps to protect their health and well-being. As a result training of COVID-19 appropriate behaviour to CwIDs is essential for the maintenance of their health and safety in the new normal.

Role of Parents in teaching Self-Help Skills (SHS) to Children with Intellectual Disabilities

The role of parents in teaching SHS is the most important factor due to the following reasons:

- Parents are the primary care-givers for the CwIDs. Due to dependency in SHS, they may avoid taking CwIDs in various functions/social gatherings or participating in such events. This could cause exclusion of the whole family from mainstream society. The child's

dependency in SHS demand 24x7 care and responsibility from parents and care givers which could make the task of rehabilitation very tedious and a life-long burden.

- Many SHS are performed mainly in home environment for the maximum number of times such as- toileting, bathing, tooth brushing, dressing, etc. Therefore, training of SHS will primarily occur in home environment by the parents/care givers. The home environment will act as natural setting for the training of SHS and therefore will be more beneficial for acquiring independency in such tasks.
- Many SHS require privacy such as- toileting, bathing, dressing, etc. Therefore, it is recommended to teach such skills at home.
- Children with Developmental disabilities below 3 years are at home and therefore only parents can teach SHS to such children.
- Parents can teach SHS individually to their child which is essential for many skills like- toileting, dressing, bathing, tooth brushing, combing hair, etc. and not possible for teachers to teach such skills group settings.
- Due to COVID-19 pandemic, the parents have an added responsibility of education and training of their children at home.

Therefore it is essential to develop the competencies of parents in teaching SHS to CwDIs through a structured training program.

2.NEED AND IMPORTANCE OF RESEARCH:

- Children with intellectual disability show significant limitations in their adaptive behaviors which covers self-help skills. Generally other children learn self-help skills

through routine instructions and peer observation but for CwIDs specialized curriculum for training is required.

- Majority of the self-help skills are performed in home environment and many of them also require privacy due to which the training in self-help skills is possible at home by the parents and care takers through specially designed training module.

3.SIGNIFICANCE ANDIMPORTANCE OF RESEARCH:

The school education under NEP 2020 proposed the new pedagogical model and curriculum restructuring i.e. 5+3+3+4 under which first five years of education will be under foundation level which covers 3 years of school education and classes 1 & 2. However at preschool level the availability of training module for developing SHSis lacking.

- SamgraShikshaAbhiyan (SSA) covers pre-school education, however the training of SHS are not focused much.
- Independency in SHS leads successful inclusion of CwIDs in school education.
- Training of parents for teaching SHS to CwIDs will empower them to provide early intervention to CwIDs which is an essential component of rehabilitation of Persons with Disabilities.
- Active engagement of parents through specially designed training module on teaching SHS will enable them to become active participants in the teaching-learning process of CwIDs.
- Parents, care taker and professional will be helpful present research for training self-help skill to children with intellectual disabilities in school and other setting.

4. SATEMENT OF THE PROBLEM:

"DEVELOPMENT OF TRAINING MODULE FOR PARENTS TO TRAIN THEIR CHILDREN WITH INTELLECTUAL DISABILITIES IN SELF-HELP SKILLS"

5. OBJECTIVES OF THE STUDY:

The objectives of present study are as follows:

- To develop training module for parents on teaching self-help skills to children with intellectual disabilities.
- To study the effect of training parents in teaching self-help skills to children with intellectual disabilities.
- To compare the effect of training parents in teaching self-help skills to children with intellectual disabilities with respect their gender.
- To compare the effect of training parents in teaching self-help skills to children with intellectual disabilities with respect their educational qualifications.
- To compare the effect of training of parents in teaching self-help skills to children with intellectual disabilities with respect the domains of self-help skills (eating, dressing, bathing, toileting and grooming).

RESEARCH QUESTIONS

1. To what extent the training module will develop the competencies of parents of CwIDs in teaching self-help skills?
2. How the gender of parents of CwIDs does affect their competencies in teaching self-help skills based on the training module?

3. How the educational qualification of parents of CwIDs does affect their competencies in teaching self-help skills based on the training module?
4. How the domains of self-help skills (eating, dressing, bathing, toileting and grooming) do affect the competencies of parents in teaching self-help skills based on the training module?

HYPOTHESES:

- There is no significant difference in the competencies of parent's of CwIDs before and after the training in self-help skills.
- There is no significant difference in the competencies of parent's of CwIDs before and after the training in self-help skills with respect to their gender.
- There is no significant difference in the competencies of parent's of CwIDs before and after the training in self-help skills with respect to their educational qualifications.
- There is no significant difference in the competencies of parent's of CwIDs before and after the training in self-help skills with respect to the domains of self-help skills (eating, dressing, bathing, toileting and grooming)

6. OPERATIONAL DEFINITIONS:

- ***Parents:*** *Parents means mother and fathers having children with intellectual disabilities.*
- ***Children with Intellectual Disabilities (CwIDs):*** Children with significant limitation in their intellectual functioning and adaptive behaviour as expressed in their everyday social and practical skills with dependency in self-help skills.
- ***Self-help skills:*** It refers to basic skills of person care under the areas of eating, dressing, bathing, toileting and grooming.

7. SCOPE OFTHE RESEARCH:

- The present study will be very useful for school readiness skills for children with intellectual disabilities at preschool level, early intervention process, special school, inclusive school and home based program for their various stakeholders.
- The present study will be useful for the parent training program for empowering families of children with intellectual disabilities.

8. LIMITATION OF RESEARCH: The limitation of present study can be described as;

- The present study focuses only to children with intellectual disabilities up to age 10 years
- The present study Focuses only on self-help skills
- The present study only on children with intellectual disabilities
- Sample size is limited to only 100, it can be large and wide representative

9. DELIMITATION OF RESEARCH:

The study is confined to:

a. Parents of CwIDsresiding Maharashtra State.
b. Parents of CwIDs below 10 years of age
c. Parents of CwIDs dependent in self-help skills.

10. RESEARCH METHOD:

The present research design will be Pre and post-test experimental design will be used in this study.

Independent Variables

- Gender of parents
- Educational qualifications of parents

- Domains of self-help skills

Dependent Variables

- Competencies of parents for teaching self-help skills to CwIDs.

11. POPULATION AND SAMPLING:

Selection of Participants:

Sample frame and population: Sample of the present study will include Parents of CwIDs in Maharashtra State.

Sampling technique: Simple Random Sampling technique will be used for selection of the sample.

Sample size:

Parents of CwIDs- 100

This will include:

- Male- 50 and Female 50
- Educational qualifications: upto 8^{th} class- 25, Highschool-25, Intermediate- 25, graduation and above- 25

Sampling criteria:

- Parents of Children diagnosed with Intellectual Disability/delay up to the age of 10 years.
- Parents of CwIDs dependent in minimum 80% of self-help skills.

12. TOOLS FOR DATA COLLECTION:

- *A training module on teaching of self-help skills for parents of CwIDs* will be developed.
- *A self-developed questionnaire for assessment of competencies of Parents of CwIDs in teaching self-help skills* will be used for the collection of data.

13. STATISTICAL PARAMETER:

Data Analysis: Appropriate statistical test will be used for data analysis which is as follows:

- Mean
- Standard Deviation
- t-test

EXPECTED OUTCOMES

- The study will help in developing *a training module on teaching of self-help skills for parents of CwIDs*.

14. TIME TABLE:

Sl. No.	Content	Time/Duration
1.	Introduction	6 months
2.	Review of Literature	6 months
3.	Methodology (selection of sample, tool, validity and reliability of tool etc.)	6 months
4.	Collection of data	6 months
5.	Data analysis and interpretation	3 months

6.	Recommendation and suggestion	3 months
7.	Summary and conclusion	3 months
8	Typing/Printing/Binding	3 months
9	Total	3 years

15. BUDGET: Approximately 100000/- rupees for all entire researchwork.

16. REFERENCES:

Anderson, S.R., Jablonski, A.L., Thomeer, M.L. & Knapp, V.M. (2009).A Review of *Self-Help Skills for People with Autism: A Systematic Teaching Approach.* Spring; 2(1): 65–67

Baker B. L.&Brightman A. J., (2004). *Steps to independence: Teaching everyday skills to children with special needs.* Baltimore, MD: Paul H. Brookes Publishing; 2004.

Bansal, M. (2005).*Effectiveness of Behavioural Shaping and Modelling in developing Self Help Skills of Children with Developmental Disability.* (112-119)

Cicero F. R. &Pfadt A. (2002) Investigation of a reinforcement-based toilet training procedure for children with autism. *Research in Developmental Disabilities.* 23:319–331.

Foxx R. M. &Azrin N. H., (1973). *Toilet training persons with developmental disabilities.* Harrisburg, PA: Help Services Press.

Johnny, L., Marie, M.L.; Jay, E.T. Steven, S.A. & Fridley, L.D. (1990).*Teaching Self-help skills to Autistic and Mentally Retarded Children.*Research in Developmental Disabilities; 11(4); 361-378

Narayan, J. &Shobha, J. (1990).*Towards Independent Series.*NIEPID (NIMH) Publications

Narayan, J. &Kutty, A.T. (2001) *Skill Training in Mentally Retarded Persons*. NIEPID (NIMH) Publications

Senz, M.T. &Menendez.J. (2010).*Parents' training: effects of the self-help skills programme with Down's syndrome babies.* Early Childhood Development and Care, Volume 180, Issue 6: 735-742

Internet Sources:

- National policy for persons with disabilities 2006 (n.d.). Retrieved April 11, 2022, from http://disabilityaffairs.gov.in/upload/uploadfiles/files/National%20Policy.pdf
- Right to Education Act 2009(n.d.). Retrieved April 11, 2022, from https://mhrd.gov.in/sites/upload_files/mhrd/files/upload_document/rte.pdf
- Skill Training in Mentally Retarded Persons(n.d.). Retrieved April 11, 2022, fromhttps://www.niepid.nic.in/list.php
- Towards Independent Series(n.d.). Retrieved April 11, 2022, fromhttps://www.niepid.nic.in/list.php

- United Nation Convention on the Rights of Persons with Disabilities 2006 (n.d.). Retrieved April 11, 2022, from https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html
- Incheon Strategy to make the rights real for persons with disability in Asia and the Pacific (n.d.). Retrieved April 11, 2022, from https://ailevecalisma.gov.tr/uploads/eyhgm/uploads/pages/uluslararasi-mevzuat/english.pdf
- Rights of Person with Disability Act 2016 (n.d.). Retrieved April 11, 2022, from http://www.tezu.ernet.in/PwD/RPWD-ACT-2016.pdf
- National Policy on Education 2020 (n.d.). Retrieved April 11, 2022, from https://mhrd.gov.in/sites/upload_files/mhrd/files/Draft_NEP_2019_EN_Revised.pdf

****

MudgadeJaganRaghunath — Researcher Student

Dr.Patil N.S. — Research Guide